



TOWN OF ROCKPORT

APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES DATE STAMP

PLEASE READ BEFORE FILLING OUT THIS APPLICATION:

The Town does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry or sexual orientation; or on the basis of age, as defined by law, or handicap. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the Town may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, and personal characteristics, obtained through personal interviews with neighbors, friends, and associates. In addition, information may be obtained from former employers and educational institutions which you have attended. A credit bureau report may also be obtained as part of this application.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

PLEASE ANSWER EVERY QUESTION. USE INK.

[PRINT]

(FIRST) (MIDDLE) (LAST) (DATE)

(NUMBER) (STREET) (TELEPHONE NUMBER)

(CITY) (STATE) (ZIP CODE) (LENGTH OF TIME AT THIS ADDRESS)

List previous addresses within the United States, except Military, if address changed during the past 5 years.

(NO.) (STREET) (CITY) (STATE) FROM (DATE) TO

(NO.) (STREET) (CITY) (STATE) FROM (DATE) TO

In case of emergency, notify:

(NAME) (ADDRESS) (PHONE)

Type of work desired: Salary Requirements

How were you referred to us? Date available for work

EMPLOYMENT HISTORY*

Include summer and part-time work, and any periods of unemployment. You may include in your work history, verified work performed on a volunteer basis.

List Below the Name and Business Address of All Your Former Employers Beginning With your Last Position	Time Employed From To Mo/yr Mo/yr	Nature of Work	Earnings Per Week When Leaving	Reason for Leaving	Name of Immediate Supervisor
1.					
2.					
3.					
4.					

May we contact the employers listed above? ____ If not, indicate by number which one(s) you do not wish us to contact.

Were you ever dismissed from a job? ____ If yes, give details

* Attach additional sheets if necessary.

EDUCATION*

Type of School	Name of School	City/State	Course Majored In	Highest level Completed	Graduate? Give Degrees
High School					
College					
Graduate					
Other (Trade, Corres., Night)					

*Do not answer if not relevant to the requirements of the position for which you are applying.

I understand that any offer of employment that I receive from the Town of Rockport may be contingent upon my successful completion of the pre-employment screening process, including, but not limited to, the Town of Rockport receiving satisfactory references, review of my driving history, completion of a complete criminal background (“CORI”) check and/or a Sex Offender Record Information (“SORI”) check, and if appropriate, pre-employment drug test, physical examination, and/or psychological screening to determine your fitness to perform the essential functions of the position, with or without a reasonable accommodation. I understand that any such test results will be communicated in a confidential manner.

Any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986; the Town will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

PLEASE READ CAREFULLY BEFORE SIGNING. If you have any questions regarding these statements, please ask them before signing.

In the event of employment to a position with the Town, I will comply with all Town By-laws, and the rules and regulations as set forth in communications distributed to all employees, which may be changed without notice at the discretion of the Town; Additionally, I authorize the Town to supply my employment record in whole or in part, subject to Massachusetts General Law and rules and regulations promulgated by the Supervisor of Public Records, to any prospective employer, government agency, or other party.

I hereby authorize my present and/or former employers, educational institutions, credit bureaus, references, neighbors and friends to disclose to the Town any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and I release all parties from any liability whatsoever resulting from such disclosure.

I understand that should such investigation reveal any false statements made by me or other derogatory information, I may be disqualified from employment or subsequently dismissed. I understand I have the right to request that the reporting agency provide me with the details of the report.

I understand and agree that if I am offered employment, it will be as an employee-at-will, subject to any Collective Bargaining Agreement under which the employee is covered; and subject to Massachusetts General Laws, Chapter 31; and the Salary Administration Plan; and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, again subject to the above, and the so-called 'Loudermill Decision'. I also understand that no supervisor, manager or other representative of the Town has any authority to enter into any expressed or implied contract for employment for any specific period of time.

I further understand that, if I am hired, subsequent consumer reports may be requested without additional notice to me, in connection with the continuation of my employment.

I certify that all answers given and statements made by me on this application are true, accurate and complete to the best of my knowledge and I understand that any false or misleading answers, or any omission or concealment of facts that would if disclosed, affect this application unfavorably, will disqualify me from consideration for employment or may result in my immediate discharge.

I hereby acknowledge that I have read the above statements and understand the same.

Signature

Date

ADDITIONAL INFORMATION:

FOR TOWN OF ROCKPORT USE ONLY

Position and Department for which the applicant is being considered

Interview _____ Date and Time _____